

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527936

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				2		
12				2		
13				2		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				2		
26				2		
27				2		
28				2		
29			1			
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37			1			
38				1		
39				1		
40				1		
41				1		
42				1		
43				2		
44				2		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52			1			
53				1		
54				1		
55				1		
56			1			
57				1		
58				1		
59				2		
60				1		
61				1		
62			1			
63				1		
64				1		
65			1			
66				1		
67				1		
68				1		
69				1		
70				1		
71				3		
72				3		
73			1			
74				1		
75				1		
76				3		
77				1		
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92				1		
93				1		
94				1		
95				1		
96				1		
97				1		
98				1		
99				1		
100				1		
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.		←	86	←		←
TOTAL CLAIMS			94			